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The “Medico-Pedagogical Institutes” and the failure of the collaboration between psychiatry and pedagogy (1889–1978)

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ABSTRACT

In the late nineteenth and early twentieth century, a number of Italian psychiatrists were convinced that medicine and education should work together to treat children with mental disabilities, then commonly defined as “feeble-minded”. To this end they promoted the establishment of “Medico-Pedagogical Institutes”, institutes, that is, with medical and psychological staff, reserved for disabled minors considered “amendable” or “educable”. These institutions were to serve, on the one hand, to remove children from Mental Hospitals, ~~where they lived in situations of serious promiscuity with adults,~~ and on the other, to enable them to be educated and to improve their psycho-physical attitudes. ~~These psychiatrists were convinced that it was possible to rehabilitate the children thanks to a collaboration between the diagnostic and therapeutic tools typical of medicine and the didactic and educational methods developed by pedagogy.~~ Nevertheless, over their long history, which lasted about a hundred years, the educational component decreased significantly and many Medico-Pedagogical Institutes ended up by resembling adult Mental Hospitals. At the end of the 1970s, several scandals erupted, revealing the inhuman conditions in which children were treated, and all the Institutes were closed. ~~The rare studies existing today on the subject mostly concentrate on the first phase of their history and are of an extremely laudatory nature. The history of their closure, on the contrary, is narrated in journalistic investigations and judicial proceedings, which reconstruct a dramatic picture, with serious malfunctions and even acts of a criminal nature.~~ It is therefore impossible to understand the overall sense of the value and the functions exercised by the Medico-Pedagogical Institutes over the century of their existence, unless we take a long-term perspective, which can help to create a detached and balanced history, ~~which is undoubtedly difficult, but also~~ revealing of our relationship with diversity and biopower.

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A hard story to tell

Italian historiography has not dealt with the Medico-Pedagogical Institutes (in Italian “Istituti Medico-Pedagogici”) unless in a marginal way. On one hand, the history of

medicine, which in Italy was less developed and equipped, did not perhaps consider them to be a relevant topic of research, which generally focused on the evolution of ideas concerning knowledge of the functioning of the body and human mind health rather than on clinics. On the other hand, historians of education and philosophy have dealt with the earliest experiences, from which the treatment of the so-called “feeble minded”¹ (in Italian “frenastenici”) began, often in a rather superficial manner. By limiting their glance to the early realities, they have expressed judgments that are extremely positive, but probably also a little naive. If, in fact, research goes beyond the first experiences, and the history of the Medico-Pedagogical Institutes is studied with the logic of long-term history, as it was in fact, it turns out that the label “Medico-Pedagogical Institutes” was used to define very different realities. Thus, judgment will be more negative, but also more realistic.

If we know the history of some of the Medico-Pedagogical Institutes it is thanks to local historians and to people involved in various ways in their management or renovation. Such studies often have the merit of being fairly well informed about the institutional and administrative history of the single reality, but they rarely relate this reality to other similar institutions, not to mention the more general history of psychiatric and educational thought.²

In my opinion, the real reason why they have not been studied, in more recent history in particular, is a legitimate, but no longer justified, prejudice towards these structures. In Italy, which has gone beyond the Mental Hospital and today has good laws on mental illness and innovative services for persons with psychical disabilities, the history of the treatment of madness is still today seen as an indelible stain.

The closure of the Asylums in 1978 was preceded and accompanied by a series of scandals related to the treatment of the so-called “insane” or “idiots”. The same thing happened in the Medico-Pedagogical Institutes, which had initially been set up as places of innovation and significantly improved the lives of their young guests.³ It was discovered – or the pretence at discovery was made, even though in reality it was a practice very well known by experts at least – that these structures that were supposed to protect and treat hospitalised children, in reality aggravated their pain and often condemned them to death.

¹At the international level now exists an extensive literature on feeble-mindedness and its treatment: Robert Castel, *L'Ordre psychiatrique: L'âge d'or de l'aliénisme* (Paris: Les Editions de Minuit, 1976); Steven Noll, *Feeble Minded in our Midst: Institutions for the Mentally Retarded in the South, 1900–1940* (Chapel Hill: UNC Press Books, 1995); Leila Zenderland, *Measuring Minds: Henry Herbert Goddard and the Origins of American Intelligence Testing* (Cambridge: Cambridge University Press, 1998); Allison Catherine Carey, *On the Margins of Citizenship: A Historical Analysis of Rights and Intellectual Disability* (Ann Arbor: University of Michigan, 1999); Sara Hansson, *I den goda vårdens namn: sinnesslövhård i 1950-talets Sverige* (Uppsala: Uppsala universitet, 2007); Jason R. Carpenter, *Exeter Girls: Letters from a Feeble-minded School* (Curator Publishing, 2014); Gerald V. O'Brien, *Framing the Moral: The Social Construction of Feeble-mindedness in the American Eugenic Era* (Oxford: Oxford University Press, 2015).

²Carlo De Sanctis, *L'attività medico-pedagogica in Italia*. With an introduction by E. Codignola on the activity of the SEPEG (Firenze: Carnesecchi, 1950); Giovanni Calò, *L'opera educativa dell'istituto medico pedagogico Umberto I di Firenze* (Firenze: Tip. Ricci, 1946); Sergio Levi, *L'infanzia anormale e l'Istituto medico pedagogico Umberto I* (Firenze: Tipocalcografia Classica, 1954); Valeria Paola Babini, *La questione dei frenastenici. Alle origini della psicologia scientifica in Italia (1870–1910)* (Milano: Franco Angeli, 1996); Giampaolo Cappellari and Diana De Rosa, *Il padiglione Ralli: l'educazione dei bambini anormali tra positivismo e idealismo* (Milano: Unicopli, 2013); Ezio Sartori, *Bambini dentro. I minori in ospedale psichiatrico nel XX secolo: il caso del S. Maria della Pietà di Roma* (Trento: Edizioni del Faro, 2004); Fabio Bocci, *Una mirabile avventura: storia dell'educazione dei disabili da Jean Itard a Giovanni Bollea* (Firenze: Le Lettere, 2011).

³At the origins of the scandals were trials and investigations, collected in contemporary publications, which today represent precious sources for historians, i.e. *Psichiatria Democratica*, ed. *Bambini in manicomio* (Roma: Bulzoni, 1975); Alberto Papuzzi, *Portami su quello che canta. Processo a uno psichiatra* (Torino: Einaudi, 1977); Franca e Franco Basaglia, eds., *Morire di classe. La condizione manicomiale fotografata da Carla Cerati e Gianni Berengo Gardin* (Torino: Einaudi, 1969).

Another very concrete reason why we have so few studies on the subject is that archival sources are difficult to find and even more complicated to consult. Normally, the archives of the Mental Hospitals (and hence also of the Medico-Pedagogical Institutes) are scattered throughout Italy and it is not uncommon for them to be still kept by hospitals or by the structures that have succeeded the Asylums. In these cases, they are almost never inventoried, unlike State Archives, which have produced an inventory of materials that provides the researcher with a good basis for investigation.

Fortunately, at the beginning of the 2000s, thanks to pressure from former patients of psychiatric hospitals and their families, the Ministry of Cultural Heritage started a national project called “Papers to Be Tied Up” (“Carte da Legare”), aimed at identifying sources for the history of psychiatry in public and private archives throughout Italy. The survey has not only catalogued hundreds of archival collections produced in the past centuries by psychiatric hospitals, but has also started to catalogue thousands of biographical folders, which can be consulted online, limited to data that are not subject to privacy restrictions.⁴

There is, however, a further complication regarding consultation of the materials originated by the Medico-Pedagogical Institutes, common to all archival collections that contain biographical information subject to privacy. Indeed Italian law prohibits the consultation of these types of documents until 75 years have elapsed since their production. Often the archives have organised the biographical records of their patients not in chronological order – a choice that would at least allow consultation of the oldest documents – but in alphabetical order, bringing together materials created at the beginning of the twentieth century, which are hence consultable, with other much more recent, inaccessible materials. This choice frequently means that none of the materials in the archives can be consulted.

Moreover, unlike the case of the ex-patients of the mental hospitals, who left many dramatic testimonies of their experiences, for the Medico-Pedagogical Institutes oral sources are apparently lacking. This is undoubtedly due to the tender age of their guests, but perhaps also to the treatment to which they were subjected, which would have marked their cognitive abilities throughout their lives. All this means that the history of the Medico-Pedagogical Institutes has still in large part to be written.

The pioneering experiences and the role of pedagogy

In the last two decades of the nineteenth century, a new and original attention to children with intellectual disability, the so-called “feeble-minded”, appeared in Italian scientific circles.⁵ It was a relatively new category of subject, elaborated in the fields of psychiatry and pedagogy in France and Germany in particular, which included all those

⁴Ministero per i beni e le attività culturali, *Primo rapporto sugli archivi degli ex ospedali psichiatrici* (Anagni-Salerno: Editrice Gaia, 2010). Many materials are already available online and others are added daily to the following url: <http://www.cartedalegare.san.beniculturali.it/index.php?id=2> (accessed February 20, 2019).

⁵On the history of psychiatry and mental hospitals see Edward Shorter, *A History of Psychiatry. From the Era of the Asylum to the Age of Prozac* (New York: John Wiley, 1997); Roy Hanes, Ivan Brown, and Nancy E. Hansen, eds., *The Routledge History of Disability* (London: Routledge, 2017); Valeria Paola Babini, *Liberi tutti. Manicomi e psichiatri in Italia: una storia del Novecento* (Bologna: Il Mulino, 2009); Giovanni Pietro Lombardo, “L’evoluzione storica della disciplina psicologica tra scienza e filosofia attraverso la carriera accademica di Sante De Sanctis (1862–1935)” *Giornale italiano di psicologia, Rivista trimestrale* 4 (2013): 713–34.

“deficient or retarded children in mental development (affected by idiotism, imbecility, simplicity of spirit, etc.) who, because of the abnormal congenital conditions of their mind cannot be educated at school and in common colleges”.⁶ Most of these minors, requiring healthcare and continuous surveillance, were for centuries locked up in mental hospitals, “where living together with common fools could only increasingly aggravate their psychic conditions”.⁷ 110

Scientists’ attention followed two directions: on the one hand, in line with the positivistic methodology, they worked to build a precise categorisation of the various types of mental disability, in order to understand their causes and especially to identify possible cures and treatments; on the other, they planned structures suitable for accommodating disabled minors according to the needs previously detected by the anamnestic process. This latter aim, in the intentions of the psychiatrists in particular, was to respond to the compelling need to remove children from the common mental hospitals, where they were accommodated together with adults in conditions of dangerous promiscuity. 115 120

The most experienced and up-to-date psychiatrists, who worked every day in the hospitals and were aware of the most innovative experiences made, in France in particular, by psychiatrists such as Bourneville, Seguin, and Voisin, were particularly aware of this problem. 125

The desire to classify produced an innumerable series of attempts to catalogue the different degrees of disability, an operation in which practically all psychiatrists and not a few educationalists tried their hand. It would be a vain and lengthy task to go into detail here because a full agreement on the definitions was never found; but what matters for our present purposes is that two main types of feeble-mindedness were identified: moderate or mild cases, which were therefore “emendable”, that is correctable by means of education, and serious cases, where the main task, entrusted to medicine, was to rehabilitate and, in the most severe cases, render the patients “harmless to themselves and to others”. 130

The Mental Hospitals continued to take care of the latter type of children, those who could not be corrected, in the best cases accommodating them in areas separated from those housing adults. For the educable children on the other hand, two types of structures were activated: the Differential Classes (“Classi Differenziali”) and the Medico-Pedagogical Institutes. In parallel with this kind of structures, institutions that had already begun to spread from the 1920s, such as the schools for the blind and deaf, continued to function. These institutions had acquired some experience and visibility in public opinion. At the end of the century other special schools were created such as those reserved for the crippled and children suffering from rickets, almost all founded and financed by private individuals.⁸ 135 140

⁶The quotation is taken from the programme of the Medico-Pedagogical Institute in San Giovanni in Persiceto-Bertalia in the Region of Emilia: *Programma dell'Istituto Medico-Pedagogico sotto il patrocinio del Comitato Emiliano per la protezione dei fanciulli deficienti in S. Giovanni in Persiceto* (without publisher, Bologna, 1899), capo I.

⁷*Programma dell'Istituto Medico-Pedagogico sotto il patrocinio del Comitato Emiliano per la protezione dei fanciulli deficienti in S. Giovanni in Persiceto*, (without publisher, Bologna, 1899) prologue.

⁸On the education of the deaf see Roberto Sani, ed., *L'educazione dei sordomuti nell'Italia dell'800. Istituzioni, metodi, proposte formative* (Torino: Sei, 2008). On children suffering from rickets see Simonetta Polenghi, *Educating the Cripples: The Pious Institute for Rickets Sufferers of Milan and its Transformations (1874–1837)* (Macerata: EUM, 2009).

The Differential Classes were created as a result of an experiment carried out in Rome in 1909 by Giuseppe Ferruccio Montesano, who, as we will see, was also playing an important role in the foundation of the Medico-Pedagogical Institutes. The example of Rome was shortly followed by other Italian cities and institutes were created to “host those subjects who, without presenting serious anomalies, do not easily adapt to the teaching methods and discipline of the common school” with the aim of providing them with the tools “for a prompt return to common classes”.⁹ The Differential Classes did not depend on the hospitals, but on the board of education and were often open within the common schools.

The history of the Medico-Pedagogical Institutes is more complex. The first two structures were founded almost simultaneously by two educators and educationalists, Antonio Gonnelli Cioni and Giuseppe Luigi Olivero. In 1889 Gonnelli Cioni created the Italian Institute for Idiots (“Istituto italiano per gli idioti”), later renamed Italian Institute for the Feeble-minded (“Istituto italiano per i frenastenici”), which was based in Chivari (close to Genoa) for the first two years and then moved to Vercurago, near Bergamo.

In 1891, Olivero opened the Health and Education, Climatic, and Seaside Health Resort Paedagogium Italianum (“Stabilimento Sanitario e di Educazione, Climatico e Balneare Paedagogium Italianum”) in Nervi, again near Genoa. This institute housed deficient, rachitic, aphasic, and stuttering children. The Olivero institute had already been active in Milan for the five previous years, under the name of Ipocofocomio, with the aim of “curing deafness and semi-deafness, and with it aphasia, stuttering, and in general those defects of voice and hearing that constitute a veritable illness, and that are often rebels to the common methods of treatment”.¹⁰ With its transfer to Liguria, due expressly to the therapeutic qualities of the climate, and the reception of “retarded” students, the institute changed its name and in part also its functions.

According to Morselli, one of the most representative figures of Italian psychiatry, the Paedagogium provided, with quite an unusual range, of curative instruments for Italy (i.e. special infirmaries, antiseptis, orthomorphic, electrotherapy, hydrotherapy and various otorhinolaryngological applications), healthy instruments (closed and open gym, medical gymnastics, sweet and salted baths, etc.), and finally didactic and pedagogical instruments (special schools, elementary education and, when necessary, a secondary school, music and drawing, speech therapy, manual arts, collections of objects for natural history and physics, Froebelian collections, etc.).¹¹

Both institutions were deeply indebted to the experiences of the schools for the deaf mentioned above, where Gonnelli Cioni and Olivero had trained and worked previously. In the Paedagogium, as well as the Stabilimento Sanitario e di Educazione, many children with problems in hearing and speech were treated in addition to “deficient” students. The two structures housed small numbers of children of both sexes with medium-to-moderate disabilities. They were educated with individualised methods based on the skills and potential of each student and implemented through exercises planned for strengthening motor patterns, acquiring greater sensory capacities, and improving observation and attention.

⁹Giuseppe Ferruccio Montesano, “Differenziali, Classi” in *Enciclopedia Italiana* (Roma: Istituto dell’Enciclopedia Italiana, 1949), vol. 12, 798.

¹⁰Enrico Morselli, “Sull’assistenza e sull’educazione dei fanciulli tardivi in Italia,” *Archivio Italiano di Pediatria*, no. 10 (1892), 114.

¹¹*Ibid.*, 116.

In the institutes founded by Gonnelli Cioni and Olivero in particular the health component was important, but not dominant. The educational component on the other hand was fundamental, inspired by the desire to make pedagogy a science able to avail itself of the discoveries made by medicine, physiology, and anthropology for the education of children with mental disabilities. This purpose was particularly stressed by Gonnelli Cioni, who was also the author of many publications on the need to educate children with intellectual disabilities (*Dell'educazione dei fanciulli frenastenici*, 1893 and *Educhiamo i fanciulli deboli di mente*, 1896) as well as being the founder and director of a specialised review, *L'Ortofrenia. Rivista mensile medico-pedagogica* (1894).¹²

It was his intense activity of research that earned Gonnelli Cioni a university lecturer-ship in 1894, and the mandate by the minister Guido Baccelli to hold in Milan the first course in orthophrenia for “those teachers who intend to undertake a career as educators of the feeble-minded”. This was a very important experience in the Italian scene, as it anticipated and promoted the creation of the Orthophrenic Magistral Schools in the years that were to follow, aimed precisely at training teachers specialising in disability.

Meanwhile, some of the most representative educationalists of a positivist mould, such as Pietro Siciliani, Andrea Angiulli, Saverio De Dominicis, and Edoardo Fusco, wrote important works on feeble-mindedness and psychic disability in general, hoping for the birth of a pedagogy capable of being decisive in their re-education. To do this, they hoped that pedagogy would become a “real science”, developing a biological approach to the problem of education and a parallel opening to the results and dictates of the exact sciences, especially the medical ones.

However, as Redi Sante Di Pol points out, “the insistence with which the experimental method was proposed and the request for pedagogical research and educational practice to be applied to the field of human sciences were not implemented”.¹³ Even the ~~toilets and~~ the experimental laboratories of psychology, pedagogy, and anthropology, created by psychiatrists and anthropologists such as Giuseppe Sergi, Enrico Morselli, Costantino Melzi, Sante De Sanctis, and Maria Montessori were experiences of short duration, and almost died in the bud because of the lack of a precise and fierce scientific framework and the anti-positivist and antiscientific reaction that characterized Italian culture and politics in the first decades of the twentieth century.¹⁴

The golden age of the medico-pedagogical institutes: overtaking psychiatry

Although the institutes founded by Gonnelli Cioni and Olivero did not enjoy a long life (the first one changed its functions and type of patients in approximately 1915, while the second had already closed by 1899), they were almost mythical reference points in

¹²On the difficult relationship between Gonnelli Cioni and Italian psychiatry see Valeria Paola Babini, *La questione dei frenastenici. Alle origini della psicologia scientifica in Italia (1870–1910)* (Milano: Franco Angeli, 1996), 76–9. On Gonnelli Cioni see Guido Pesci, *Gonnelli-Cioni antesignano della pedagogia clinica in Italia* (Roma: Edizioni scientifiche Ma.Gi, 1999) and Roberto Sani, *Gonnelli Cioni*, in *Dizionario biografico dell'educazione (1800–2000)*, ed. Giorgio Chiosso-Roberto Sani (Milano: Editrice Bibliografica, 2013), vol. 1, 675–6. In 1894 Olivero also founded and directed a specialised magazine for some years, the *Rivista mensile illustrata di Pedagogia, Didattica, Igiene, Medicina e Chirurgia del Paedagogium di Nervi*.

¹³Redi Sante Di Pol, *La pedagogia scientifica in Italia tra Ottocento e Novecento* (Torino: Marco Valerio, 2007), 65.

¹⁴*Ibid.*, 66.

the collective imagination of the age, as well as in the historiography, which has probably magnified their influence on the institutes created after them in a very ideological way.

In fact, these experiments, made by educationalists, had taken advantage, as we have said, of the research and the debates which had arisen in the medical world and in particular among psychiatrists. It can be said that they contributed, in a certain sense, to reinforcing the conviction of scientists of the mind of the need to extend the field of psychiatry and medicine to education and pedagogy. In this sense, the new, recently coined, type of mental disability, “feeble mind”, represented a case of extreme interest for developing new clinical and therapeutic approaches. And it is especially towards children with mental disabilities that the attention of this generation of psychiatrists turned. Personalities like Sante De Sanctis, Giuseppe Ferruccio Montesano, Augusto Tamburini, without forgetting Maria Montessori, thought that their young patients could only be helped through the partnership of psychiatry and pedagogy, under the direction of the former.

For this reason, in the last years of nineteenth and the first decade of twentieth century, other types of structures for the treatment of the feeble-minded were opened, similar to those founded by Gonnelli Cioni and Olivero, but with a more marked health nature. For them the name Medico-Pedagogical Institutes was coined. Their founders were enterprising and psychiatrists, many of whom were part of the “Lega per la protezione dei fanciulli deficienti”. This was an association, promoted at a national level by Clodomiro Bonfigli, psychiatrist and member of parliament, who had taken advantage of his political role to launch the problem of retarded children and a possible solution. In the following years, many provincial delegations of the League were born in various parts of Italy, which gave life to the Medico-Pedagogical Institutes.



As De Sanctis explains, in the Medico-Pedagogical or Orthophrenic Institutes or Institutes-Interned, both autonomous and attached to mental hospitals, the seriously deficient with or without paralysis and epilepsy (“major feeble-minded”) are assisted. The fundamental parameter for graduation, used everywhere despite incessant criticism, is the mental age of Binet, from which the “intellectual quotient” of each subject is drawn. All the structures have very close relations with the Mental Hospitals, on which they depend or with which they have in common part of the management. Normally they are directed by a psychiatrist, who supervises the clinical investigations and the therapies, but also the education provided in a special school, with specifically prepared curricula, materials and teachers.

According to my survey, at least nine institutes opened between 1899 and 1912, almost one every two years. At the origin of their foundation we find the most important figures of Italian psychiatry of the time, often at the head of the provincial delegations of the League for the protection of deficient children: Eugenio Modigliano for the “Tuscan Institute for Late Children in Florence”, Augusto Tamburini and Giulio Cesare Ferrari for the “Emilian Medico-Pedagogical Institute” of San Giovanni in Persiceto (later in Bertalia, near Bologna), Antonio Marro for the “Medico-Pedagogical Institute for deficient children of

¹⁵Sante De Sanctis, “Deficiente” in *Enciclopedia Italiana* (Roma: Istituto dell’Enciclopedia Italiana, 1949), vol. 12, 481. De Sanctis was a prominent figure in the history of psychiatric thought; among his merits we must remember the foundation of the Roman Association of the Abnormal (1898) and the institution of the Asili-Scuola (1899).

both sexes of Turin”, Giuseppe Ferruccio Montesano for the “Medico-Pedagogical Institute attached to the Roman asylum of Santa Maria della Pietà”.

265

These institutes were strictly reserved for children under 14 years of age considered “emendable” or “educable”, that is, able to improve thanks to suitable and constant pedagogical and medical treatment. These children had a certification of feeble-mindedness, with an IQ score of not less than 60 or 70 and not more than 80 to 85. This selection was explained by the need to  bring our subjects to self-sufficiency and  practically to a normal level of life. An objective, which can be achieved only with mild forms, understood in a psychiatric sense, but who are serious, indeed very serious, from the family and social perspective if abandoned to themselves¹⁶.

270

The selection for admission to the Medico-Pedagogical Institute was very strict. Since the institute normally intended the “re-education and social recovery of children who have a defective development of intelligence”, acceptance was subject to the outcome of examination by a neuropsychiatrist and a psychologist; if the child was declared recoverable, the applying institution or family was required to pay the fee. After that, if no improvement was found, after a few months of treatment, the child was returned to the family or more frequently to another structure, which often meant the Mental Hospital.

275

280

Halfway between boarding schools and hospitals, the Medico-Pedagogical Institutes had residential facilities, which included dormitories, kitchens, medical clinics, and a school. They were designed to allow guests to obtain the elementary licence in facilitated conditions compared to what would have happened in the common schools. Normally it included the preparatory degree and primary school classes, frequented by small groups of students and composed not according to the age of the students, but in relation to their cognitive abilities. The progress of the young patients was constantly evaluated through psychological and psychic tests, as well as through their schoolwork.

285

290

Almost all the Medico-Pedagogical Institutes were built with private resources, from legacies and donations, but the management was generally entrusted to the State through the Provinces. It is no exaggeration to say that these Medico-Pedagogical Institutes, which we could call “first generation”, had an immediate success and were enthusiastically welcomed not only in the psychiatric and health sphere, which had promoted them, but also in the pedagogical field and in the scientific world in general. The authorities also immediately appreciated them, identifying them as structures capable of providing an optimal solution to the age-old problem of managing disabled children, which has always troubled families and local administrations.

295

300

Thus, the number of guests immediately increased, meaning that the Medico-Pedagogical Institutes that had arisen inside the Mental Hospitals were forced to look for resources to build new pavilions, and the external ones had to look for more spacious locations, while new structures began to open throughout Italy, including the South and the islands, initially devoid of Medico-Pedagogical Institutes.

305

¹⁶The quotation is taken from the statute of the Marro Medico-Pedagogical Institute of Turin (Archivio di Stato di Torino, Sezione Corte, *Istituto Marro*, m. 1, *Statuto Organico*, Art. 4).

The end of the educational utopia

Public opinion was aware of the fact that the growing trend in the number of people with mental disabilities, including many children, continued for most of the twentieth century, with the exception of the war, when many Mental Hospitals were temporarily transformed into barracks. During the two World Wars, the totalitarian fascist regime and then, after World War II, even in spite of the economic boom, the number of people in Italy suffering from mental and cognitive problems increased relentlessly. It was an age-old phenomenon, so much so that it can be considered one of the problems that led to the opening of new structures such as the Medico-Pedagogical Institutes; but in the twentieth century it took on even bigger dimensions: if in the national census of 1871 17,313 people had been recorded as “between idiots and retarded”, in the census ~~49~~ years later their number had increased to 19,671. At the end of the Second World War, within the Italian psychiatric hospitals, the problem of overcrowding reappeared in even more dramatic terms, with annual admissions going from 122,660 in 1955 to about 170,000 in 1965, “without any major structural adjustment to the national hospital network in the same time period”.¹⁷

The number of children and teenagers reached even more dramatic proportions: in 1967, the number of minors admitted to institutions of various kinds was about 200,000, while there were 60,000 “handicapped”. Even if all the sources of the time denounce the inadequacy of the welfare structures for psychiatric patients both in numerical terms and from the point of view of their real therapeutic abilities, the institutions that dealt with minors in Italy had however proliferated in unknown proportions up to that point. This was also the ~~case~~ ~~for~~ the Medico-Pedagogical Institutes, which not only grew in number, but also gave life to many similar structures. In 1959, 94 institutes were registered, of which 58 ~~were~~ in Northern Italy, 17 in the Central regions, 12 in the South, and 7 in the Islands.¹⁸

Of these, 61 had an internship, while the remaining 33 operated exclusively during the day and were therefore called “Special Medico-Pedagogical Schools”. Their number would have continued to grow even in the following decade: indeed, according to my survey, it was precisely in the fifties and sixties that the increase became more conspicuous and constant, with 9 and 12 newly founded institutes respectively.

In any case, the Medico-Pedagogical Institutes accommodated a small percentage of minors who needed special care and treatment, the majority of whom were still locked up in psychiatric hospitals. Often, the same mental hospitals set up two departments for minors: one for “correctable” or “educable” children and the other for “uneducable” children. In some cases, such as Santa Maria della Pietà in Rome, only the former was known as a Medico-Pedagogical Institute, while in the Psychiatric Hospital of Collegno/Grugliasco (Turin) the two pavilions were called “Villa Azzurra A” and “Villa Azzurra B”, and at least in the last phase of their existence they were both considered “Medico-Pedagogical Sections”.

¹⁷ Davide Lasagno, *Oltre l'istituzione. Crisi e riforma dell'assistenza psichiatrica a Torino e in Italia* (Milano: Ledizioni, 2014), 46. Available also in open access at the url: <http://books.openedition.org/ledizioni/126>.

¹⁸ M. Marletta, “Aspetti attuali e prospettive dell'assistenza ai minori irregolari psichici in Italia,” *Annali della Sanità Pubblica* 26, 4–6 (1965): 920–1. See also Aldo Cacchione, “Le istituzioni medico-pedagogiche in Italia,” *Infanzia anormale* 3 (1959): 270–9.

Since the 1930s, many institutes, both those dating back to previous decades and the newer foundations, added psychological components to the medical and pedagogical ones and were transformed into Medico-Psycho-Pedagogical Institutes. This was the result of the increased importance of psychology in the treatment of psychic disability, even if the direction of the institutes is hold up by experts in psychiatry and child psychiatry (this latter also a recently born discipline). These were the years in which psychologists entered the Medico-Pedagogical Institutes in large numbers. 350

After the Second World War, the Medico-Psycho-Pedagogical Centres were also inaugurated. These were clinics whose main task was to diagnose minors with mental disabilities in order to orient them towards the most suitable structures, but some of them also carried out rehabilitative activities. In 1965, 200 Medico-Psycho-Pedagogical Centres were registered throughout Italy; most of them were directly managed by the “Opera Nazionale Maternità e Infanzia” (a charity created by fascism), and the rest were administered by the “Ente Nazionale per la protezione morale del fanciullo” (a descendant of the “Lega per la protezione dei fanciulli deficienti”), the Municipalities, the Provinces, and some University hospitals. 355 360

Overall, in 1965, 3400 “educational and welfare institutions” were active. Many of them were private and escaped investigation by historians just as they escaped the controls of the authorities of the time, who in fact complained about the lack of information in their possession regarding the activities provided by the non-public centres.¹⁹ 365

In the same years, there was also a considerable proliferation of the Differential Classes, which, as we have seen, were born almost at the same time as the Medico-Pedagogical Institutes and were addressed to very similar users, that is, students with non-serious learning difficulties. But soon they too were used in an incoherent manner with respect to their original objective. This was particularly true in the sixties, characterised by a great internal migratory wave, which brought millions of inhabitants from the still predominantly poor agricultural regions of the South and North-East of Italy to move to the industrial cities of the North-West. It was in those classes that children from more recent immigration often turned up, children who had no cognitive problems, but spoke bad Italian or struggled to settle in, even if, in theory, the Differential Classes should have been reserved for students with learning delays and cognitive deficits. 370 375

A good case, which has been meticulously retraced by David Lasagno, is Turin, where the Differential and Special Classes of the Province of Turin had risen from 64 to 490 in just five years – from December 1964 to the academic year of 1969/70 – with an increase of over 760%. They hosted a total of 3.5% of all primary school students, with peaks of 20% in some peripheral areas of the city. The scholastic maladjustment, in the end, seemed to be concentrated in the suburban areas of Turin, where the presence of an immigrant population was very strong.²⁰ 380

In the face of such an “epidemic”, it is clear why the facilities which existed at the time were insufficient, from the Medico-Psycho-Pedagogical Institutes to the departments for minors housed in the adult Mental Hospitals (almost always accommodated 385

¹⁹M. Marletta, “Aspetti attuali e prospettive dell’assistenza ai minori irregolari psichici in Italia,” *Annali della Sanità Pubblica* 26, 4–6 (1965): 921.

²⁰Davide Lasagno, *Oltre l’istituzione. Crisi e riforma dell’assistenza psichiatrica a Torino e in Italia* (Milano: Ledizioni, 2014), 70.

in women's wards), the Special Schools, the Differential Classes, private institutions, and rehabilitation centres.

In addition to this, politics seems to have been latent for decades, during which time there was no precise legislation on the certification and treatment of mental disability. The Giolitti Law of 1904, which regulated the subject, made no distinction between adults and minors, and for that reason children legally ended up in Psychiatric Hospitals due to the fact that they were judged to be "dangerous for themselves or for others", a necessary requirement for admission to the Insane Asylum. In this context, it is not surprising that a law was never passed to define what the Medico-Pedagogical Institutes were. For this reason, the label could be used in different contexts. Certainly, the consent of the provincial administration was necessary for their opening, but in Italy, the name "Medico-Pedagogical Institute" or "Medico-Psycho-Pedagogical Institute" included different realities.

Even in the case of the Differential Classes, the laws that regulated their mode of operation and purposes were far from clear. The only law that, albeit generically, governed the Differential Classes and Special Schools for decades was the Gentile law of 1923, made operational by the Ministry of National Education with the law 577 of 1928, which allocated resources for the Differentials Classes, requiring municipalities to participate in the costs. But until 1962, up to the reform of the Middle School therefore, the Differential Classes did not have a clear juridical definition and were only regulated by Ministerial Circulars. A similar situation befell by the Orthophrenic Magistral Schools, which trained teachers for all the institutions that dealt with the pupils with disability, regulated only by Royal Decree 1297 of 1928.

The few regulatory interventions on the matter ended up by complicating the situation. This is particularly true in the case of the law with which the Juvenile Courts and the relevant Courts of Appeal were instituted in 1934, during the Fascist era. In this rule, which for decades remained fundamental in Italian juvenile law, the Medico-Psycho-Pedagogical Institutes are listed as belonging to the category of "re-education centers for minors", together with the Juvenile Prisons and the Houses of Correction. Falling within the structures for minors who "give clear evidence of irregular conduct or character", the Medico-Pedagogical Institutes are presented as essentially custodial rather than educational and rehabilitative institutions. This was certainly not the function that they had been given by their founders less than 50 years earlier.

A sad ending

In the early 1970s, Italians discovered the horrors and failures of the Psychiatric Hospitals. A series of scandals reverberated in national newspapers, while increasingly determined and fierce groups of psychiatrists, psychologists, and educators tried to reform the system from within, exposing its faults and injustices. The walls of the Insane Asylums became more transparent, raising the veil from a world that for too long had seemed not to exist.

Some of the most striking cases that affected public opinion at the time concerned the Medico-Pedagogical Institutes, which were at the centre of attention. It may be interesting to recall two of them, which can serve, in my opinion, to account for the situation. The first is the story of Alberto Bonvicini, which is very well known today

thanks to the sensation it still causes, that has made it widely studied, a case which seems like something out of a novel.²¹ Alberto was an **eight**-year-old boy, taken away from his family of origin, which was not able to take care of him. During a banal dispute with a classmate, he swallowed a marble and was therefore taken to hospital. As this was the last episode in a series of strange forms of behaviour by the child, he was admitted to Villa Azzurra, the Medico-Psycho-Pedagogical pavilion of the Psychiatric Hospital of Collegno/Grugliasco (Turin). Here he suffered very painful treatment, including electroshock. This treatment was widely used in Villa Azzurra, because the primary, doctor Coda, was persuaded that it was a valid therapy. But especially in the case of Alberto, who had a lively character and was not inclined to obedience, electroshock, like restraints and other corporal punishment, were mainly used for punitive and corrective purposes.

A few months later, the social worker who took care of Alberto tracked him down to Villa Azzurra and managed to obtain his release, making the case public, together with an organisation that fought for the opening of the Mental Hospitals. Coda was put on trial, which ended without a real condemnation, but simply with his removal, but this had the effect of attracting the attention of the general public to the reality of the Medico-Pedagogical Institutes for the first time. Shortly after, however, to demonstrate the effect that the case had on public opinion, a commando of militants from “Prima Linea”, an extreme left-wing group, broke into Coda’s studio, tied him to the radiator, as had happened to Alberto, and seriously injured him by shooting at his legs.

After these events, Alberto had an almost normal, albeit troubled, life that first led him to enter “Lotta Continua”, another extreme left-wing group, then to become a journalist and a television author in Rome. He died when he was still young due to AIDS contracted using heroin. The story of Alberto Bonvicini, reconstructed thanks to the proceedings of the trial, his diaries, and the testimony of his friends and relatives, represents an emblematic case, but it was not so different from others who did not have the chance to tell their stories.

Recently other indirect testimonies of the inmates at Villa Azzurra have emerged, reconstructed through the biographical records of the patients of the Psychiatric Hospital. These are people who moved from the Medico-Psycho-Pedagogical Institute to the Insane Asylum, often without ever having experienced life outside a mental institution. Alberto Gaino has, in fact, rebuilt some of those biographies tracing the origins of dramas like that of Saverio “the monster who always lived tied up”, Libero, who grew up in the conviction that he could not be a “rascal” to be punished continuously, Aristide, guilty only of being epileptic, or Ignatius, found “dead tied naked to his bed”.²²

The second case that I report is aimed at demonstrating that the situation of Villa Azzurra was not so isolated in the Italy of **1970s**. A group of psychiatrists gathered by Basaglia under the title “Democratic Psychiatry” revealed, in a precise and documented way, the sad reality of another Medico-Pedagogical Institute, in the same period. It was 1975 and Democratic Psychiatry was carrying out intense work inside the two pavilions reserved for minors – the “emendable” and the “incorrigible” – in the Psychiatric

²¹The proceedings of the trial are published, with other documents, in Alberto Papuzzi, *Portami su quello che canta. Processo a uno psichiatra* (Torino: Einaudi, 1977); for the life of Alberto outside the institute see Alberto Bonvicini, *Fate la storia senza di me* (Torino: Add Editore, 2010). Some novels and movies have been inspired by his history.

²²Alberto Gaino, *Il manicomio dei bambini. Storie di istituzionalizzazione* (Torino: Edizioni Gruppo Abele, 2017), 83–152.

Hospital of Santa Maria della Pietà in Rome: on one hand, the serious faults of the structures were denounced and the young guests were spared the most harmful and degrading treatment; on the other, they worked with the teams of doctors, nurses, and orthophrenic teachers to make them aware of the dynamics and the logic governing the institution, so that they could personally promote change. 475

The survey made by Democratic Psychiatry showed that at the time the presence of handicapped children in a Psychiatric Hospital, although a phenomenon in progressive reduction, is an emblem of the violence of welfare and psychiatric institutions, while the alibi of danger shows all its ideological value here. The danger is that of being a handicapped child, one moreover born into proletarian and sub-proletarian families. 480
²³ Even in the case of the Roman Medico-Pedagogical Institute of Santa Maria della Pietà, which was created under the best auspices in 1901 under the direction of Giuseppe Ferruccio Montesano, the situation was dramatic. By 1944, an inspection by the authorities had already highlighted the “serious conditions of hospitalized children”, divided into two pavilions, one for the most serious and the other for those that could be educated, where the division per age is relative and summary. Schooling (or rehabilitation), in a pavilion is not even proposed, in the other only formally attempted, and in some cases ... The therapies, beyond a pharmacological limit, are not possible. In 490
 one of the two pavilions, thanks to the great goodwill and interest of the director, some group activities have been attempted, but ... they are necessarily fragmentary and occasional. The other pavilion, that of the so-called “severe” children, is simply unbelievable ... One’s thoughts immediately turn to the concentration camps, to those monstrous things we left behind”.²⁴ 495

In the following years, the situation had not improved in the pavilion for the subnormal this is the sad picture: children often even without underwear, without shoes, without sweaters; with ripped cotton aprons and without buttons; without games or distractions; without anyone teaching them to talk and walk. For some kids of 3–4–5 years bands and restraints are used. It is gruesome to see them pale with their hands tied to the bed. The explanation given for this physical violence to the “handicapped” children is: “we tie some children to prevent them from eating their own excrement”. The real reasons are very different: children are bound by order of the health management because of the lack of specialized personnel and modern therapeutic methods. Moreover, how can we talk about assistance or care when just 7 nurses have to assist 70 children?²⁵ 500
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Even at the Sante De Sanctis Medico-Pedagogical Institute conditions were awful. Even though the “internal regulation of the Institute is not subject to the law of the Mental Hospital and therefore differs from that of the other wards”, “the characteristics of the institute are the same as those of the 8th pavilion, marked by a veiled institutionalization”. The typology of children admitted in 1972 (58 in total of which 42 males and 16 females aged from 4 to 14) shows that 80% of hospitalized children have normal endowment; the remaining 20% include children with mental insufficiencies of medium and mild-to-moderate degree and children with language delay and epilepsy. All the children are strongly affected by the untimely and prolonged institutionalization ... the 510

²³ *Psichiatria Democratica, Bambini in manicomio* (Roma: Bulzoni, 1975), 12.

²⁴ Adriano Ossicini, *Gli esclusi e noi. Problemi Di Igiene Mentale Dell'Infanzia* (Roma: Armando, 1973), 16–17.

²⁵ *Psichiatria Democratica, Bambini in manicomio* (Roma: Bulzoni, 1975), 28.

severe psychic and affective coercion suffered, the strong state of intellectual inhibition, all factors that explain the deficits in the tests carried out before admission, the sometimes aggressive and sometimes passive behavior and the serious state of psychomotor instability. All the children come from the poorest and socially awkward social classes (unemployed and underemployed), mostly broken families, who do not have any “force” in the social context, living in the extreme suburbs and in the slums of Rome.²⁶

Even the school, which should be the main guarantee for the future integration of the children outside the institution, malfunctions: the methodology and pedagogical approach follows rigid and old-fashioned schemes, now completely outdated even in the common or special schools; it does not take into account the experience of the subject, the fundamental affective implication in intellectual development, the motivation to learn; it appears to be notional and static, with the only result being custodial. To aggravate the situation, there is an almost absolute lack of educational material, even the most common. In this context, the child ends up appropriating the “debility” that others attribute to him, regressing more and more to a level of devitalization.²⁷

Other surveys conducted by Democratic Psychiatry in the same period show the presence of children in Psychiatric Hospitals remains today a dramatic reality in many Italian provinces. We are aware that in some Insane Asylums there are still some children, such as in those of Messina, Palermo, Syracuse, Cagliari, Sassari, etc., hospitalized in adult or in autonomous wards. Beside these forms of explicit institutionalization there are veiled forms, as the many Medico-Psycho-Pedagogical or Orthophrenic Institutes that arose in the area of the hospital or near it (i.e. Siena, Potenza, etc.).²⁸

These sad stories hit the headlines in the mid-1970s, contributing significantly to the cultural and political climate that would lead to the closure of the mental institutions. In the mid-1970s the discovery – and it was a discovery for many scientists and men of culture too – of situations such as those of Turin and Rome, accompanied by many others, was followed by generalised indignation, protests, investigations, and the progressive closure of the Medico-Pedagogical Institutes. The Sante De Sanctis closed in 1973, while Villa Azzurra ceased its activities in 1979, even if the pavilion of the most severe children had already closed some years earlier.

Of course, structures that did their job well existed too, and many of these were founded in the phase that we have defined as pioneering. Here, as Sergio Levi, director of the Umberto I of Florence, explained in 1963, interventions were always guided by the principle that “the best method, indeed perhaps the only truly effective one for achieving the social recovery and the spiritual elevation of children consists in a balanced and coordinated gathering between pedo-psychiatry, psychology and pedagogy”.²⁹

The moment, however, was favourable for closing a long phase in the history of the treatment of diversity. All the psychiatric or para-psychiatric structures in Italy were closed thanks to a series of epochal laws. A first law that led to their closure was that concerning the inclusion of children with disabilities in the common classes, law 517 of 1977. It is a central ruling in the Italian school system, because it determines the closure

²⁶ *Ibid.*, 84–86.

²⁷ *Ibid.*, 89–90.

²⁸ *Ibid.*, 12–13.

²⁹ Quoted in Giovanni Pesci and Stefania Bruni, *Il Pedagogista. Innovazione e rivalutazione di un ruolo* (Roma: Armando, 2006), 34.

of the Differential Classes and Special Schools, with the consequent abolition of any discrimination between children. The second fundamental rule was that which led to the closure of the Mental Hospitals in 1978 thanks to law 180, better known as the “Basaglia Law”, named after the famous psychiatrist who promoted it. If it is true that the schools reserved for students with disabilities had been closed by 1977, in reality, children were still present in the Mental Hospitals, which were equipped over time with medico-psycho-pedagogical Institutes, reserved for the treatment of minors. 560

But the Basaglia law was not enough to free all children from the Mental Hospitals. The law, in fact, provided for the creation of special territorial structures in place of the psychiatric hospitals, but in some Italian regions their creation took years, if not decades. For this reason, if after 1977/78 new admissions of minors were generally not registered in the psychiatric structures, not all the minors that were already there were lucky enough to be sent to other institutions. 565

What is certain is that the Medico-Pedagogical Institutes shared the same fate as the Differential Classes and the Psychiatric Hospitals, since at the time they had the same forms of management and philosophy, both deeply inspired by traditional psychiatry and pedagogy. 570

The moral of the story

What happened between the happy and hopeful beginnings of the Medico-Pedagogical Institutes and their very inglorious end, marked by scandals and complaints of serious faults? What happened over time is that the same institutions created to help children with disabilities, first of all by removing them from the Mental Hospitals and then educating and rehabilitating them, in many cases operated worse than the Mental Hospitals. They segregated, locked up, and sometimes tortured children, creating a bad opinion of the whole movement, which also produced many good things and saved thousands of children. 575

This was particularly true for the numerous institutes that opened after the Second World War, in the early 1950s and the 1960s. They often did not have an internal school, but tried to train boys in manual activities, in the name of occupational therapy. Many were actually wards in the Psychiatric Hospitals reserved for minors. As we have seen, in Italy, not unlike the rest of Europe, during the twentieth century the number of disabled people increased, while neither the laws nor the welfare and educational organisations were able to guarantee effective interventions and above all similar rights for all the population. However, these were perhaps the effects more than causes of the malfunctioning of the Medico-Pedagogical Institutes and more generally of the Italian health and education system. 580

In the years when biopower, as Michel Foucault would later define it, manifested itself in its typically modern modality, that is, the total institution, the classic products of biopower, such as the Psychiatric Hospitals, as well as the Medico-Pedagogical Institutes, the Special Schools, and the Differentials Classes only grew exponentially. And the only way to reform them was to close them. 585

It is no coincidence that the history of the Medico-Pedagogical Institutes and the Differential Classes, which began at around the same time, intersects again at the time of their closure, which again happened simultaneously. The reasons for the closures,

which took place thanks to two epochal laws, are to be found above all in the historical context, the 1970s, particularly favourable to ending total institutions. The first reason was the decision, in 1977, to allow all children, regardless of their cognitive level, to attend the same schools. The second were the scandals that broke out in the Mental Hospitals and, in particular, in the Medico-Pedagogical Institutes, which led to the closure of all the Insane Asylums, for adults and minors, in 1978.

But this story also speaks to scientists, especially psychiatrists and educationalists, who not only helped to set up the Medico-Pedagogical Institutes, Differential Classes, and Special Schools, and often administered them with the best intentions, but who generally did not lift a finger to reform them. Just as there is no institution that is potentially not servile to biopower, be it hospital or school, so there is no discipline that is potentially not functional to the same logic, be it medicine or pedagogy.

Psychiatry, child psychiatry, and to a certain extent also psychology have been forced to question and reconsider themselves, to provide their work outside the total institutions, where they were born and raised in perfect symbiosis with the environment. After the first, brief phase in which the Medico-Pedagogical Institutes were opened, interest in education within psychiatry had largely been exhausted, and doctors had neglected the sociological approach in the aetiology of mental illness to focus on biological and clinical aspects. Above all, many psychiatrists and neuropsychiatrists were so accustomed to the reality of the Mental Hospital and taken by experimentation with new and apparently formidable therapies (shock therapy, hydrotherapy, lobotomy) that they lost sight of the dignity of the patients entrusted to them. Paradoxically, those who should have been the champions of “moral medicine”, as psychiatry defined itself at the beginning, ended up by often making very immoral use of it.

Q10 Pedagogy and didactics also had the opportunity to rethink themselves, outside the Differential Classes and the Orthophrenical Magisterial Schools, where stereotyped and outdated models and tools were used. Even in their case the renewal that had already begun in previous years was evident, especially in the growth and diffusion of special pedagogy, the branch of pedagogy that today deals with disability. What was not even remotely revised was scientific pedagogy, considered too compromised with psychiatry in its most organicist and deterministic form. By the 1920s, the Neo-Idealistic, purely philosophical, pedagogy which was to govern the Italian pedagogical scene in the following decades, had labelled it as “pedagogical biology”, without worrying too much about finding a valid alternative for dialoguing with the medical sciences and above all without ever attending the schools and institutions for the disabled.³⁰

Q11 Today we know that the first, ineradicable reason for their failure was the very principle of taking care and educating through segregation. The history of the twentieth century has provided ample evidence of the danger of ghettoisation and classification. However, today we also know that these principles, which by their nature are opposed to life, do not reside only in institutions. In short, it is not enough to eliminate the total institutions to put a brake on biopower.

The inclusion of children with disability in the common classes, the closure of Special Schools and Differential Classes and especially that of the Medico-Pedagogical Institutes has marked a milestone in the history of pedagogy and psychiatry, as well as

³⁰The definition goes back to Giuseppe Tarozzi, *Apologia del Positivismo* (Roma: Formiggini, 1927), 82–8.

in the lives of disabled people. But it certainly did not mark the end of biopower, which today is expressed through other tools that are no longer the walls of institutions: they are less visible, but no less concrete, such as, for example, the chemistry of medicines and the claim to model the reality typical of bureaucracy and sometimes even of science. We are not yet vaccinated against this type of biopower. 645

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Disclosure statement 665

Q12 No potential conflict of interest was reported by the author.

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